

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26399

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City (No. 5701)

Registration District No. 343Primary Registration District No. 8002

File No. 3171
 Registered No. 3171
 St. Pasco Ward

2. FULL NAME

Mrs. Charles W. Marshall

(a) Residence, No. 5701 Pasco St., Ward
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Me 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Belle M. Marshall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 - 1871

7. AGE YEARS 62 MONTHS 4 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RR Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Spencer (STATE OR COUNTRY) Iowa13. NAME Martin J. Marshall14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 15. MAIDEN NAME Fancy Winn16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 17. INFORMANT Mrs. Belle M. Marshall (ADDRESS) 5701 Pasco Road18. BURIAL, CREMATION, OR REMOVAL Int. Marshall DATE Aug 7 193319. UNDERTAKER D. W. Guzman (ADDRESS) 216 3rd20. FILED Aug 7 1933 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 193322. I HEREBY CERTIFY, That I attended deceased from July 24 1933, to Aug 5 1933I last saw her alive on Aug 5 1933. Death is saidto have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma stomach andliverDate of onset 3-1-33464646Other contributory causes of importance: Name of operation Date of What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) H. A. Hays, M. D.(Address) 818 Weddell St.

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1225 W 60 Jrr